BEANTOWN WOMEN'S CLASSIC (BAY STATE HOCKEY) JULY 16-19, 2020

Entry Screening to be filled out by all attendees

ARE YOU CURRENTLY EXPERIENCING SYMPTOMS AND/OR SIGNS OF ILLNESS ASSOCIATED WITH COVID-19?

☐ YES ☐ NO
Fever or chills..................................................................................................................
☐ YES ☐ NO
Cough..................................................................................................................................
☐ YES ☐ NO
Shortness of breath or difficulty breathing..........................................................................
☐ YES ☐ NO
Fatigue.....................................................................................................................................
☐ YES ☐ NO
Muscle or body aches..............................................................................................................
☐ YES ☐ NO
Headache...............................................................................................................................
☐ YES ☐ NO
New loss of taste or smell....................................................................................................
☐ YES ☐ NO
Sore throat............................................................................................................................
☐ YES ☐ NO
Congestion or runny nose.....................................................................................................
☐ YES ☐ NO
Nausea or vomiting..............................................................................................................
☐ YES ☐ NO
Diarrhea...............................................................................................................................
☐ YES ☐ NO
HAVE YOU TRAVELED OUTSIDE OF THE COUNTRY IN THE PAST 14 DAYS?
☐ YES ☐ NO
HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EXPERIENCED COVID-19 SYMPTOMS IN THE PAST 14 DAYS?
☐ YES ☐ NO
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN DIAGNOSED WITH COVID-19 IN THE PAST 14 DAYS?
☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, YOU ARE NOT PERMITTED INTO THE EVENT AT THIS TIME.

Name:______________________________ Signature:___________________________ Date Signed:_______

Name of Parent/Legal Guardian (if player is a minor):______________________________

Parent/Legal Guardian Signature:______________________________ Date Signed:_____________

Day Phone Area Code and Number:______________________________________________
COVID-19 Waiver of Liability, Assumption of the Risk, and Indemnity Agreement

1. The novel coronavirus ("COVID-19") is a disease that includes several symptoms according to the Centers for Disease Control ("CDC"), such as fever or chills, cough, shortness of breath, nausea, and can lead to death. Currently, no vaccine has been developed for COVID-19. COVID-19 is contagious and means that contact with others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection.

2. Aware of the foregoing, I am voluntarily agreeing to enter the Beantown Classic (Bay State Hockey) Women’s event.

3. I am familiar with the CDC guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates and complying with them while at the Beantown Classic (Bay State Hockey) Women’s event.

4. Beantown (Bay State Hockey) Women’s event is dedicated to providing a safe environment to all participants. However, I understand that it is impossible for the Beantown (Bay State Hockey) Women’s event to prevent all risk of infection. I acknowledge that the Beantown (Bay State Hockey) Women’s event has done its best to implement recommended CDC, Department of Public Health, federal, state and local guidelines and put in place preventative measures to reduce the spread of COVID-19; however, the Beantown (Bay State Hockey) Women’s event cannot guarantee that I will not become infected with COVID-19.

5. I understand that the Beantown (Bay State Hockey) Women’s event has put in place new policies and protocols in order to mitigate the spread of COVID-19. I have read and agree to abide by the Beantown Classic Women’s hockey (Bay State Hockey) policies and protocols for COVID-19 at all times while at the event.

6. By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risk of exposure to those who may be infected with COVID-19. I voluntarily assume full responsibility for the risk that I may be exposed to or infected by COVID-19 by my presence at the event and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

7. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at the event may result from the actions, omission, or negligence of myself and others. I recognize that the Beantown (Bay State Hockey) Women’s event cannot limit all potential sources of COVID-19 infection.

8. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases or others. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Beantown (Bay State Hockey) Women’s event and agents, with respect to any and all illness, disability, death or damage to person or property associated with exposure to COVID-19, whether arising from the negligence of releasors or otherwise, to the fullest extent permitted by law.

9. I have read and fully understand the foregoing Agreement and I am aware that by signing this Agreement I may be waiving certain legal rights, including the right to sue. This Agreement shall be binding upon me and my heirs, legal representatives, and assigns, and shall inure to the benefit of the Beantown (Bay State Hockey) Women’s event and its successors and assigns.

10. My signature below indicates that I am at least eighteen (18) years of age and intend to be legally bound by the terms of this Agreement.

Name:_________________________Signature:_________________________ Date Signed:______________

Name of Parent/Legal Guardian (if player is a minor):_________________________Parent/Legal Guardian

Signature:_________________________Date Signed:______________Day Phone Area Code & Phone:__________

Player Participant Certification and Release of Liability

For and in consideration of the undersigned participant’s registration with Beantown (Bay State Hockey) Women’s Classic its members, its affiliates, local associations and member teams, and the event officers, members, agents, servants, employees, independent contractors, coaches, scouts, volunteers, sponsors, and facility and rink employees, and being allowed to participate in Beantown (Bay State Hockey) Women’s events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in the Beantown (Bay State Hockey) Classic events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant’s parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(does) so on behalf of my/our and participant’s heirs, executors, administrators and assigns. Participant (and participant’s parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant’s person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the “releases” identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant’s parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. In addition and supplementation of the foregoing waiver, Participant, and Participant’s parents/guardians, further acknowledges that participation in the Beantown (Bay State Hockey) Women’s Classic and the activities associated therewith, including but not limited to attending games, practices, tournaments, and the travel associated therewith includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While the Beantown (Bay State Hockey) Women’s Classic encourages its member teams to take steps to reduce the risk of such exposure, Participant acknowledges that personal health discipline and the discipline of Player’s teammates (for which Beantown (Bay State Hockey) Classic assumes no responsibility) will reduce this risk, and Player is not relying on the Club in any way to diminish the risk of transmission; Consistent with the foregoing, Player acknowledges the risk of contracting a serious illness as a result of participating in the Beantown (Bay State Hockey) Classic events, KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, both known and unknown, even if arising from the alleged.
negligence of the Club or third parties, and assume full responsibility for the consequences of participation, and hereby forever releases and remises the Beantown (Bay State Hockey) Women’s Classic as more fully set forth in the first paragraph above. Participant (and participant’s parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releases, or negligent supervision or instruction by releases. Participant (and participant’s parent(s)/guardian(s), if applicable) agree if any claim for participant’s personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and save harmless releases from any and all claims or causes of action by whomever or wherever made or presented for participant’s personal injuries, property damage or wrongful death. It is the purpose of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releases. “Releases” include Beantown (Bay State Hockey) Classic, LLC., its members, its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees. Participant (and participant’s parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Read this waiver carefully and, if you have any questions, contact a Beantown (Bay State Hockey) Classic representative.

(Print)Name of participant: __________________________________________

Participant signature: ____________________________________________________________

Date signed: ______________________

Address: ______________________________________________________

City: ______________________

State: _______

Zip:____________

(Print)Name of Legal Parent/guardian (if participant is a minor):
________________________________________________________________________

Parent / guardian signature: ______________________________________________________

Date signed: ________________________________

Address: _________________________________________________

City: ______________________

State: _______

Zip_________________________